LEVEL ONE DESIGN EXCEPTION REQUEST – NHS

		Date	<u></u>
MEMORANI	DUM		
TO:			
10.	Director, Production	on Management Division	
THRU:			
	Roadway Services	or Structural Services Manage	er
THRU:			
11110.	Project Reviewer		
FROM:			
THOW.	Project Manager		
		INDOT location	or consultant
SUBJECT:	Design Exception		
	Des. No.:	1 N	
	Route No. or Koad	Name:	
	Structure No:		
documentation <i>Indiana Designation</i>	n has been reviewe gn Manual Section	d for compliance with the De 40-8.0. Based on the analys	bove referenced NHS-route project. The sign Exception requirements included in sis of the substandard Level One design therefore recommend approval.
Concur:			
Direct	or, Production Mana	agement Division	Date
FHWA oversi	ight required: Yes	No	
Approved:			
Division Administrator			Date
Des. N Reque	gn Exception Databa No.:st Date: oved Rejected:	-	
Comm	nitment Made: Yes	No	
Exception Co		: Horizontal Alignment	SS: Stopping Sight Distance
		: Horizontal Obstacle Clearand	
CS: C	ross Slope LW	: Lane Width	SW: Shoulder Width
DS: D GR: G		Structural Capacity	VA: Vertical Alignment
GK. G	naues SE:	Superelevation	VC: Vertical Clearance
cc:		lway Services or Structural Ser District Design Manager	rvices Manager,
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